

FIG. 1

Login

LoginName	
Password	
Site Code	
	Submit

Change Your Password

LoginName	
New Password	
Confirm Password	
Site Code	And the state of t
	Issue Update Cancel Update
	Main Menu

Main Menu

- Provider
 - o Assign Provider
 - o Progress Notes
 - o Users-Providers
 - o My Agency
 - o Password
 - o Login

- FSC
 - o FSC Assignment
 - Episode Open
 - Team
 - Diagnosis
 - Assessment
 - Crisis
 - Plan Of Care
 - Planned Actions
 - Progress Notes
 - o Outcome
 - Measures
 - o Episode Close
 - Tickler List
 - Users-FSC
 - Password
 - o Login

- Supervisor
 - o FSC Assignment
 - Episode Open
 - o Team
 - o Diagnosis
 - Assessment
 - o Crisis
 - o Plan Of Care
 - o Planned Actions
 - o Progress
 - Notes
 - o Outcome Measures
 - o Episode Close
 - Tickler List
 - o Users-
 - Supervisor Password
 - o Login

- Backup Supervisor
 - o FSC
 - Assignment
 - o Episode Open
 - o Team
 - o Diagnosis
 - Assessment
 - o Crisis
 - o Plan Of
 - Care
 - o Planned Actions
 - o Progress
 - Notes
 - o Outcome Measures
 - o Episode Close
 - o Tickler List
 - o Users-
 - Supervisor o Password

 - o Login

- Clinical Supervisor
 - o FSC
 - Assignment
 - Episode Open
 - o Team
 - Diagnosis
 - Assessment
 - Crisis
 - Plan Of Care
 - o Planned Actions
 - o Progress
 - Notes
 - o Outcome Measures
 - o Episode Close
 - o Tickler List
 - o Password
 - o Login

- Support Tables (a)
 - o Behavior
 - o De-escalator
 - o Diagnosis
 - o Discharge Reason
 - o Employment
 - o Frequency
 - o HHSA
 - Region Key Strategy
 - o Language
 - Legal Status
 - Livina Situation
 - o Need
 - o Password
 - o Login

- Support Tables (b)
 - o Placement
 - o Precipitator
 - o Race o Referral
 - Reason
 - Referral
 - Source
 - Referral
 - System
 - Refusal
 - Reason
 - Relationship
 - Service
 - Severity
 - o Sex
 - o Site
 - Location
 - o Strength
 - o System
 - Target Population
 - o Unit Type
 - o Password
 - o Login

Financial

- Agency
- o Contracts
- o County Programs
- County
- Contracts o INSYST
- Billing
- o Invoices o Password
- o Login

Signature	Click here for initial FSC signing	
	FSC	
	Rejection	Reject
	Click here for supervisor signing	
	Supervisor	
	Issue Add Cancel Add	Select Client Main Menu

Referral

Client Information Client Referral Name Date First Mid Last Birthdate SS# Race / Preferred Sex Ethnicity Language Address City State Zip Phone Phone Home Other Guardian Guardian Name First Mid Last Guardian Address State City Zip Guardian Work Other Phone Preferred ¥ Relationship Language Eligibility Criteria SB163 Qualificatio Target Referring Population System Medi-Cal **HHSA** Family Eligible Readiness Region Diagnosis Axis I Diagnosis Diagnosis Date Source Referral Information UBH# CIN# Referring Referral Person Source Cancel Add Issue Add

Main Menu

Eligibility Determination

Client Information Client Name Birthdate SS# Sex Race / Ethnicity Address City Zip Guardian Name Guardian Phone Other Work

Eligibility Determination

Child Meets Eligibility Requirements/Priorities

Child Does Not Me	eet Eligibility Requireme	ents/Priorities			
Primary Reason			¥ .		
Recommendation					
Referral to				Referral to Date	
	Įšsu	e Üpdate Cano Main Menu	el Update		

Episode Open

Client Name		
SS#		Case #
Referral Date		Eligibility Date
Open Date		7 O O O O O O O O O O O O O O O O O O O
Living Situation At Open	▼	
Legal Status At Open		
Employment Status at Open		
School Placement at Open		
UBH#		
The state of the s	Issue Update Cancel Update Main Menu	

Team Members

Family/Community Team Members										
Full Name	Add	iress	Hom Pho		Vork hone	Cell Pho		lelationshi	P Legal Guardian	Inactive
	<u> </u>									
	-					T				
Name (Fi	rst, M	lid, Last)								
		Address								
		City							State	
	Hom	e Phone						Wor	k Phone	
	Rela	ationship			*			Legal (Guardian 🛘	
				Sto	ore Loca	illy				
			Sys	tem T	eam I	Men	nbers	;		
Full Name	Title	Organization	Address	Phone	Alt. Phone		System	Release	Legal Guardian	Inactive
Name (First, Mid,										
Last) Title	· · · · · · · · · · · · · · · · · · ·			Agency	/Organi	zatior	1 T		1	
Address							· L		4	
City						State			Zip	
Phone	Phone Alt. Phone System									
Release 🗖				Le	egal Gu	ardiar	1 🗀		Inactive 🛘	
				Sto	ore Loca	illy				

Service Provider Team Members

Full Name	Agency	Address	Phone	Alt. Phone	Status	Inactive
Provider	Ÿ				Agency	
Address						
City		State			Zip	
Phone		Alt. Phone			Inactive	
enterio.		Store Loca	ally			
	Issue Update	Cancel U	pdate	Main I	Menu	4.F 1000 No. 100 III - 100

Diagnosis

Date			
Source			
AXIS I			*
		▼	
AXIS II			
AXIS III			
AXIS IV			
AXIS V	Curre	ent GAF Past GAF	
Notes		Modelland Side and the second	
Signa	ture	Click here for initial FSC signing FSC	
		Rejection	
		Supervisor	
		Issue Add Cancel Add Select Client Main Menu	

FIG. 10

Assessment

Assessment Date
Current Child/Family Information
High Level of Care
Family Readiness
What is the family's long term vision for this child and family?
Significant Cultural Information
What does the family hope to accomplish over the next 6 months?
Behavior(s)
Behavior Frequency Type Severity Type Locale
Presenting Behavior
The state of the s
severity
Locale (s) In the Home In School In the Community
Store Locally Delete Locally
Family Member/Community Member/Agency/System Information
Team Member -
Priority Child/Family/Community Strengths
Family Member Strengths HSC
Family Member
Strength
Locale (s)
Store Locally Delete Locally
II and the second secon

Priority Child/Family/Community Needs Family Member Needs HSC Family Member Needs HSC Locale (s) In the Home In the School In the Community Store Locally Delete Locally
Current Significant Information
Additional Information in the record
Team Member - Priority Child/Family/Community Strengths Family Member Strengths HSC Family Member Strengths Locale (s) In the Home In the School In the Community Store Locally Delete Locally
Priority Child/Family/Community Needs Family Member Needs HSC Family Member Needs HSC Need In the Home In the School In the Community Store Locally Delete Locally
Additional Information in the record

FIG. 11B

r							
	Team Member -						
	Priority Child/Family/Community Strengths						
	Family Member Strengths HSC						
	Family Member						
	Strength						
	Locale (s	Locale (s)					
	Store Locally Delete Locally						
	Priority Child/Family/Community Needs						
		Family Member Needs HSC					
}	Family M	lember					
	Need						
	Locale (s	In the Home In the School In the Community					
	Store Locally Delete Locally Current Significant Information						
	Additiona	Information in the record 🚨					
Current Diagnosis	<u> </u>						
İ	Date						
	Source						
	AXIS I						
	AXIS I						
	AXIS II						
	AXIS III						
	H						

	AXIS IV							
	AXIS V	Current GAF		Past	gaf L			
	Notes							
		ment Summary been identified by	the child	/family/comn	nunity/sys	stem?		
Priority Child/F	amily/Commu	nity Strengths						
Priority Child/F	amily/Commu Up	nity Needs						
What strategie	s will the team	use to achieve th	ne family'	s vision?			<u>\$</u>	
Comments								
Signature	Click here for	initial FSC signir	ng 📮					
	FSC							
	Rejection		□R	eject				
	Click here for	supervisor signii		•				
	Supervisor							
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Crisis Plan

		1. P	ossible Crisis	Precipit	ators			
C	Comments	F	Precipitator	lo	cale			TOTAL AND STATE OF THE STATE OF
	1	I. Positive B	Sehavior Interv	ention P	lan o	n File? 🗷		
		III. Pos	sitive De-esca	lation Te	chniq	lues		
		De	-escalator		locale			
		ļ.						
						}		
(Comments							
			IV. Home Co	ontact Lis	st			
Order	Full Name	Relationship	Address			Phone	Alt.Phone	Respite
			1					
	ı					,		
Comme	ents							<u>-,</u>

			V. School Cont	act List			
Order	Full Name	Relationship	Address		Phone	Alt.Phone	Respite
						,	
				7.			
Comme	ents					The second secon	<u>L</u>
		V	I. Community Co	ntact List			
Order	Full Name	Relationship	Address		Phone	Alt.Phone	Respite
					,		
Comme	ents					Action of the control	<u></u>
-			VII. Psychiatric	c Care			
Psychia	atrist		Phor	ne	P	ager	
Releva Medica	nt tions						
			Hospitalizatio	n Plan			
Admittir	ng Doctor						
Hospita	al	Complete Control of the Control of t					
	al Phone						
Screen Comple	ing to Be eted By						
Comme	ents						Programme and the second secon

Signature	FSC Signature Date		
	Rejection Supervisor Signature Date Supervisor	Reject	0
<u>a </u>		Select Client Main Menu	_

Plan of Care

Start Da	te Assessment Date	
End Da	te High Level of Care	
ountv M	lental Health Assessment Completed □	
	ervice Team	
	Family/Community Team Members	
	Name Home Phone Work Phone Relationship	
	System Team Members	
	Name Organization Phone Alt. Phone System	
	Service Provider Team Members	
	Name Home Phone Work Phone Relationship	
nat is th	e family's long term vision for this child and family?	
		An Artificial Conference of the Antiference of the
gnifican	t Cultural Information	
		And the second s
		Accommodified of Accomm
	s the family hope to accomplish evenths and 0	**************************************

	Company of the Compan
Vhat strategies will the team use to achieve the family's vision? Strategy 1	
Goal Statement	
	Indicated of the second of the
Strengths	
Strengths Count HSC	
Needs	
Needs Count HSC	
Comments	
	The state of the s
	Annual Control
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Strategy 2	
Goal Statement	
-	The second secon
	in control of the con
Strengths Count HSC	
Strengths Count HSC	

FIG. 13B

Needs			
<u> </u>	Needs	Count	HSC
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Comments			

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Strategy 3		
Goal Statement		
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		Control of the Contro
		34
Strengths		
Strengths Count HSC		
Needs		
Needs	Count HSC	
Needs	- Oddini IEG	
Comments		
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FIG. 13C

Strategy 4		
Goal Statem	ent	
		The state of the s
Strengths		
s	trengths Count HSC	
Needs		
	Needs Count HSC	
Comments		
		Section of the sectio

What behavior(s) will the above goals address?

Frequency	Severity	Locale	Frequency	Severity	Locale
				,	
					
				 	
	Frequency	Frequency Severity	Frequency Severity Locale	Frequency Severity Locale Frequency	Frequency Severity Locale Frequency Severity

Child/Family/Community Supports and Services/Actions

Service/Action	Strength	Need	Strategie

						Constitution of the Consti
m Serv	ices					
8	Service/Action	Strengt		Need	Strategi	es
						Н
nments			MATERIAL STATE OF THE STATE OF T		***************************************	
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				M V servadoser a Apolya	was tooker ass was an anaportary by a successful	
ded Ser	vices					
	rvice/Action	Strength		Need	Strategi	es
	rvice/Action	Strength		Need	Strategi	es
	rvice/Action	Strength		Need	Strategi	es
	rvice/Action	Strength		Need	Strategi	es
	rvice/Action	Strength		Need	Strategi	es
Se	rvice/Action	Strength		Need		
Se	rvice/Action	Strength		Need		
Se	rvice/Action	Strength		Need		
Se	rvice/Action	Strength		Need		
Se				Need		
Se	Click here for initial			Need		
Se	Click here for initial			Need		
	Click here for initial	FSC signing		Need		

Planned Actions

Next Month - August No Planned Actions	Current Month - July Complete Planned Actions	
Create New Planned Actions Modify Planned Actions Sign/Reject Planned Actions Create New Addendum Modify Addendum Sign/Reject Addendum Review Planned Actions w/ Addenda Report Planned Actions w/ Addenda	Create New Addendum Modify Addendum Sign/Reject Addendum Review Planned Actions w/ Addenda Report Planned Actions w/ Addenda	
Last Month - June Complete Addendum Previous Months		
Create New Addendum Modify Addendum Sign/Reject Addendum Review Planned Actions w/ Addenda Report Planned Actions w/ Addenda	Review Planned Actions w/ Addenda Report Planned Actions w/ Addenda	

Select Client

Main Menu

Outcome Measures

	Intake June	1 months July
School		
# Days School Scheduled		
# Days Attended		
# Days Suspended		
# Days Expelled		
GPA		
Grade Advancement / Credits		
Living Situation		
Current Placement	*	X
Days in CP		Partition is proportionally assert many or any ordered house, and proportionally assert the partition of the
Alternate Placement		
Days in AP		
Behaviors		
# CPS referrals		
# Delinquencies Adjudicated		
POP Completion		
Team Member		
CAFAS		
Role performance		
School/Work		
Home		
Community Behavior Towards		
Others		
Moods/Self-Harm		
Moods/Emotion		
Self-Harm Behaviors		
Substance Abuse		
Thinking		
Total:		<u> </u>

Issue Update Cancel Update Main Menu